

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 8206

2. Fiscal Year Covered From:

01 / 01 / 2005 Through: 12 / 31 / 2005

3. Name and address of person filing.

Name RONALD PETRONELLA

P.O. Box, Bldg., Room No., if any

Street 868 MONROE TPKE

City MONROE

State CT ZIP Code + 4 06468

4. Name, file number, and address of labor organization.

Name UFCW LOCAL No. 371

Labor Organization File Number 025-718

P.O. Box, Building and Room Number, if any P.O. Box 470

Street 290 POST ROAD WEST

City WESTPORT

State CT ZIP Code + 4 06881-0470

5. Position in labor organization. VICE-PRESIDENT

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. N/A

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Ronald Petronella

On

3-31-06

Date

(203) 226-4751

Telephone Number

Name of Person Filing RONALD PSTRONELLA	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>UFCW NATIONAL PENSION FUND</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. BOX 11102</u></p> <p>Street _____</p> <p>City <u>CHICAGO</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>60611-0102</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name. <u>N/A</u></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>EXPENSES COVERED BY UFCW NATIONAL PENSION FUND. THESE ARE EXPENSES FOR ATTENDING MEETINGS AND ARE FOR MEAL EXPENSE.</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u>85</u></p>
	<p>12.a. Nature of interest held or income received.</p> <p>_____</p>
	<p>12.b. Amount. <u>NONE</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. N/A

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. _____</p>

Name of Person Filing RONALD PETRONELLA	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>ZENITH ADMINISTRATORS INC.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>SUITE 2600</u></p> <p>Street <u>541 NORTH FAIRBANKS COURT</u></p> <p>City <u>CHICAGO</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>60611</u></p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name. <u>N/A</u></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <p><u>TRUSTED EXPENSES COVERED BY ZENITH ADMINISTRATORS INC. THESE ARE EXPENSES FOR ATTENDING MEETINGS AND CONFERENCES AND ARE FOR MEAL AND MEETING EXPENSE</u></p> <p>11.b. Approximate dollar value of such dealing. <u>132</u></p> <p>12.a. Nature of interest held or income received.</p> <p>_____ _____ _____ _____ _____</p> <p>12.b. Amount. <u>NONE</u></p>
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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. <u>N/A</u></p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____ _____ _____ _____ _____</p> <p>14.b. Amount of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	